Seminole Nation Summer Camp
Enrollment Contract for June 26 - 29, 2018
Deadline June 15th, 2018

Name of Camper_____ ☐ Boy ☐ Girl Date of Birth ____/____/_____

Home Phone (_____) - _____ -_____ Applicant's Email _____

Address: _____

_____

Name(s) parents: (father) _____ (mother) _____

Name of Guardian(s) _____ _____

Father's Cell or Business Phone (_____) - _____- _____ Father's email_____

Mother's Cell or Business Phone (_____) - _____-_____ Mother's email_____

Guardian's Cell or Business Phone (_____)-_____-_____ Guardian's email_____

Is the applicant Native American? _____ If yes, what tribe? _____

Emergency Contact: *In case we are unable to contact parent/guardian please provide an emergency contact*

Name of Emergency Contact_____ Relation to child:
_____

Home Phone (____)-_____-_____ Cell or Business Phone (_____)-_____-_____

Referring Physician's Information:
Name of Physician: _____ Specialty: _____

Physician's Phone Number: (_____)-_____-_____ Physician Fax: (_____)-_____-_____

****Registration into S.N. Diabetes Prevention Camp will not be considered without completed physician referral form****

Parent/Guardian Signature _____ Date _____/_____/_____

Camper's Signature _____ Date _____/_____/_____

We will include camp T-shirt: Adult Size: ☐ Small ☐ Medium ☐ Large ☐ X-large ☐ XX-large

Please send in this completed form to:
Seminole Nation Diabetes Program
P.O. Box 1498
Wewoka, OK 74884-1498

Or Drop by the Wellness Center Diabetes Program Office located on the Mekusukey Mission in Seminole

Phone: 405-234-5276
Fax: 405-234-5283
Email: micco.n@sno-nsn.gov

Seminole Nation Summer Camp
Terms and Conditions
Deadline June 15th, 2018

1. This contract constitutes the full understanding of the parties and no change, modification or waiver of any of the terms hereof shall be effective unless in writing and signed by both parties, the Camp Director of Seminole Nation Diabetes Program and the signing parent(s)/guardian(s).
2. The undersigned hereby given permission to the physician or hospital selected by Seminole Nation Diabetes Program to hospitalize, secure proper treatment for, and to order injection, anesthesia, medicine, x-ray, surgery or any other medical treatment for my child and to use our insurance policy to pay for these services. If medical treatment is needed for campers during camp, all physicians' fees, hospital fees, medicines and any other medical expenses are the responsibility of the camper's family.
3. Seminole Nation Diabetes Program is not responsible for campers while traveling to and from camp.
4. My child may participate in any activity or trip organized by camp staff on or off campus, including swimming, hiking, sports games, and other planned activities. We assume the inherent risk of such activities and will be held harmless from any liabilities resulting from said participation. The camper, parent(s)/guardian(s) understand these risks and that the camper will be made aware of their duty to perform all safety precautions as instructed or perceived.
5. For the safety, welfare and proper maintenance of all the campers, the camp shall have the sole right to search any personal property. **Seminole Nation Diabetes Program retains the right to terminate any camper's session and immediately dismiss said camper for any behavior deemed unacceptable by camp staff**. Such conduct shall include, but is not limited to: the use or possession of weapons, drugs or drug paraphernalia, alcoholic beverages, smoking or possession of cigarettes; bringing of food to camp; leaving camp grounds or camp activities without official approval and supervision; damaging property; inappropriate intimate behavior, refusing to participate in camp activities, omission or misrepresentation regarding medical or mental history of camper; not complying with camp rules and regulations. Within **2 hours of the camper's dismissal**, the parent/guardian or emergency contact must pick-up or provide arrangements for the camper pick-up.
6. If, as a result of a dispute, it becomes necessary for Seminole Nation Diabetes Program, in its sole discretion, to retain the services of an attorney, the parent(s)/guardian(s) agree to reimburse Seminole Nation Diabetes Program for any and all court costs, and other fees and expenses incurred by Seminole Nation Summer Camp, its director, employees, or volunteers.
7. Seminole Nation Summer Camp is not responsible for any lost or stolen articles, regardless of the reason or the responsible party, including but not limited to other campers, staff, laundry service or other vendors. Seminole Nation Diabetes Program will make every attempt to mail left items of significant value, if properly labeled. Items will be shipped at the owner's expense. Do not send cash, expensive or sentimental items to camp. **Please clearly label all personal items.**
8. Permission is hereby granted to Seminole Nation Diabetes Program, to use any photograph, film, video or audio of the above camper in any public release, publicity, TV program, advertisement, brochure or promotional videos.
9. Names and addresses of campers and staff, camper inquiries and printed material and procedures are confidential property of Seminole Nation Diabetes Program and will follow all HIPAA Act.
10. If a parent decides to withdraw his/her child, the Program Nurse **requires 10-Day notice** from **Camp Start Date**.
11. Seminole Nation Diabetes Program assumes no responsibility for the acts done by campers when in violation of camp rules, local, state or federal laws.
12. **NO cell phones, I-pads, or any other similar device(s)** are **not allowed**. Any of these devices brought in will be taken away from the camper and will be given back to at the end of the week. There will be phones available for emergencies.

Please enroll my child, _____ in Seminole Nation Diabetes Prevention Summer Camp. I have read the Terms & Conditions above and agree that this enrollment is acceptable to me and is subject to everything contained therein. In the event one parent/guardian executes this agreement, I acknowledge that I am also acting as the agent of the other parent with the authority to so enroll my child in Seminole Nation Summer Camp, and to execute this agreement on his or her behalf. I recognize that Seminole Nation Diabetes Program relies upon the representations herein made in accepting my child in Seminole Nation Summer Camp.

Parent's Signature (Father): _____ Date: ____/____/_____

Parent's Signature (Mother): _____ Date: ____/____/____

Or Authorized Legal Guardian: _____ Date: ____/____/____

Health History

Please check all that apply and provide explanation if needed:

*****Campers with the following conditions must provide a physician's clearance letter in addition to this completed form*****

Asthma: _____
Ear Infections: _____
Headaches/Migraines: _____
Seizure Disorder: _____
Heart Condition: _____
Diabetes: _____
Blood Disorder: _____
Seizure activity in last 60 days? Yes \ No

Behavioral Disorder: _____
Dizziness/Fainting Spells: _____
Thyroid Problems: _____
Kidney Disease: _____
Injuries to bones/joints: _____
High Blood Pressure: _____
Sleep Disorder: _____

Comments: _____

_____

_____

Allergies

Please check all that apply and provide explanation if needed:

_____Food Allergies
Please list: _____

_____Drug Allergies
Please list: _____

_____Insect Allergies (Ex. Bee stings, wasp stings, etc.)

_____Seasonal Allergies

_____Other Allergies
Please list: _____

Does your child carry an Epi Pen for Food Allergy? Yes / No
Does your child carry an Epi Pen for Asthma? Yes / No

Medications camper is currently taking:

Drug	Dosage	Times/Day	How long?

Seminole Nation Diabetes Summer Youth Camp
Physician Referral Form
Deadline June 15th, 2018

This form must be completed and signed by both the referring physician and consenting parent/guardian and returned prior to camp registration

PLEASE PRINT

Name of Camper: _____

Date of Birth ____/____/_____ Gender: Male/Female Age: _____

Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____-_____

Alternative Number: (_____) _____-_____

Emergency Contacts in Case Parent/Guardian Unavailable:

1. Name/relation to camper_____ Phone: (_____) _____-_____

2. Name/relation to camper_____Phone: (_____) _____-_____

[OFFICE USE ONLY]

Body Mass Index (BMI)

BMI Calculation: [weight in pounds/ (height in inches²] x 703

Camper's Weight (lbs):_____ Camper's Height (in): _____

BMI: _____ BMI Percentile: _____

Immunization History Required: (Please include dates)
Must be filled out by physician or provide a current immunization record:

5 - DTP:	Current / Past Due	Date: _____/_____/_____
1 - Tdap Booster	Current / Past Due	Date: _____/_____/_____
2 - MMR:	Current / Past Due	Date: _____/_____/_____
3 - HepB:	Current / Past Due	Date: _____/_____/_____
2 - HepA:	Current / Past Due	Date: _____/_____/_____
1 - Varicella:	Current / Past Due	Date: _____/_____/_____

Certificate of Exemption: Yes / No (If yes attach a copy with this form)

Has the camper ever had any serious injuries/medical conditions? Yes / No
If yes, please list and provide a brief explanation:

_____

_____

Restrictions/Limitations while at this camp: (please be specific)

_____

_____

Physician Name: _____ Specialty: _____

Date: _____/_____/_____

Signature of Physician: _____

Phone (_____) _____-_____

Parent/Guardian Authorization:

I (parent/guardian) _____, agree that this health history information is correct and the person herein described has my permission to engage in all camp activities, with the exception of any restrictions/limitations as described. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel to secure proper treatment for, hospitalize, and to order injections, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian: _____ Date: _____/_____/_____

Please send completed form with application to:
Seminole Nation Diabetes Program
Attention: Diabetes Program Nurse
P.O. Box 1498
Wewoka, OK 74884-1498
Any questions please email or call:
Nan Micco, R.N. Program Nurse
405-234-5276
micco.n@sno-nsn.gov